



**CONTRACT AWARD SHEET  
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **7831-0/13**  
Award Sheet

**PURCHASING DIVISION**

BID NO.: **7831-0/13**

PREVIOUS BID NO.: **NONE**

TITLE: **PURCH/MAINT PHYS FITNESS APPARATUS-PREQU**

CURRENT CONTRACT PERIOD: **06/20/2011** through **06/30/2018**

Total # of OTRs: **0**

**MODIFICATION HISTORY**

Bid No. **7831-0/13**

Award Sheet

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**Yes** Local Preference

**No** Micro Enterprise

**No** Full Federal Funding

**No** Performance Bond

**Yes** Small Business Enterprise (SBE)

**No** PTP Funds

**No** Partial Federal Funding

**No** Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT:

**Gorgoy, Lluís**

PHONE: 305 375-4946

FAX: 305

375-4407

EMAIL: [gorgoyl@miamidade.gov](mailto:gorgoyl@miamidade.gov)

DEPARTMENT OF PROCUREMENT MANAGEMENT  
PURCHASING DIVISION

VENDOR NAME: **SEARS ROEBUCK & CO**  
 DBA: **SEARS COMMERCIAL**  
 FEIN: **361750680** SUFFIX : **10** CITY: **MIAMI** ST: **FL** ZIP: **33165**  
 STREET: **5320 SW 97 AVE**  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-359-2000**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
LADY M LAMAS	786-348-7826	800-359-2000	305-441-6977	LADYM.LAMAS@SEARSHC.COM

VENDOR NAME: **COASTAL FITNESS DISCOUNT CARDIO &**  
 DBA:  
 FEIN: **650927426** SUFFIX : **01** CITY: **WEST PALM BEACH** ST: **FL** ZIP: **33409**  
 STREET: **1900 OKEECHOBEE BLVD STE C5**  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
MICHAEL J ASENTI	561-712-0381	-	561-712-1483	COASTALFITNESS@AOL.COM

VENDOR NAME: **CLIQUE MARKETING LLC**  
 DBA: **BUSY BODY**  
 FEIN: **650985004** SUFFIX : **02** **33069**  
 STREET: **910 SW 2ND PLACE** CITY: **POMPAÑO BEACH** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **877-496-8646**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
RICHARD J LEMOINE	954-781-1787	877-496-8646	954-781-1575	RLEMOINE@GYMSTOGO.COM

VENDOR NAME: **MED FIT SYSTEMS INC**  
 DBA:  
 FEIN: **680317647** SUFFIX : **01** **92028**  
 STREET: **543 EAST ALVARADO ST** CITY: **FALLBROOK** ST: **CA** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
EDWARD NAVAN	678-895-0199	-	276-773-0393	ENAVAN@MEDFITSYS.COM

VENDOR NAME: **WELLWAY EXERCISE SALES & SERVICE CORP**  
 DBA:  
 FEIN: **742766052** SUFFIX : **01** 33068  
 STREET: **7540 W MCNAB RD # E-5** CITY: **N LAUDERDALE** ST: **FL** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **954-721-8550**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
ARNOLD DAVIS	954-825-5774	954-721-8550	-	WELLWAYEX@MSN.COM

VENDOR NAME: **PROMAXIMA MANUFACTURING LTD**  
 DBA:  
 FEIN: **760578028** SUFFIX : **01** 77081  
 STREET: **5325 ASHBROOK DR** CITY: **HOUSTON** ST: **TX** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-231-6652**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **No**

SBE	<b>No</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	Vendor Record Verified? <b>Yes</b>				

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
JOHN YAGER	713-667-9606	800-231-6652	713-661-3976	JYAGER@PROMAXIMA.COM

**ITEMS AWARDED Section:**

Details: 7831-0/13

This contract is a Pre-qualification pool. Vendors will be invited to participate in spot market purchases when required by various County departments. Please see Road Map for further instructions.

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
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**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: No

DPM Award: Yes

BCC Date:

DPM Date: 06/07/2011

Contract Amount: \$ 665,000.00

Additional Items Allowed: See Section 2, Paragraph 2.33

Agenda Item No.:

**Special Conditions:**

Insurance Type A 01, UAP and Inspector General are included in this bid contract.

**BPO INFORMATION Section:**

1	ABCW1100663								
<table border="1"> <tr> <th>Commodity ID</th><th>Commodity Name</th></tr> <tr> <td>805-57</td><td>GYMNASIUM APPARATUS AND EQUIPMENT:</td></tr> </table>		Commodity ID	Commodity Name	805-57	GYMNASIUM APPARATUS AND EQUIPMENT:				
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**End of BPO Information Section**